

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002157

FILED
Jan 19, 2012
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTRE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

5555 NW ST JAMES DR
PSL, FL 34983 US

New Principal Place of Business:

5475 NW ST JAMES DR
250
PSL, FL 34983 US

Current Mailing Address:

5555 NW ST JAMES DR
PSL, FL 34983 US

New Mailing Address:

5475 NW ST JAMES DR
250
PSL, FL 34983 US

FEI Number: 65-0317305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, RONALD
5555 NW ST JAMES DR
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

MCCASKILL, RONALD
10618 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RONALD MCCASKILL

01/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MCCASKILL, RONALD
Address: 10618 PINE NEEDLE DRIVER
City-St-Zip: FORT PIERCE, FL 34945

Title: VD
Name: MCCASKILL, LINDA
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: STD
Name: HELTON, DONNIE
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: D
Name: MCCUTCHEN, JOE
Address: 10618 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: D
Name: DOGGETT, GERALD
Address: PO BOX 608091
City-St-Zip: ORLANDO, FL 32860

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNIE HELTON

STD

01/19/2012

Electronic Signature of Signing Officer or Director

Date